

NUTRITION ASSESSMENT RECORD

Child's Name _____
 Date of Birth _____

Head Start Classroom _____
 Date Enrolled in Head Start _____

Date						
Height/Age						
%ile						
Weight/Age						
%ile						
Height/Weight						
%ile						
Head Circumference						
HGB/HCT						

PLAN:

- Added to WIC on Date of Assessment

- Child already on WIC - Assessment information collected from most recent appt.
 (≤ 3 months prior to enrollment in Head Start)
 Date of most recent appt. _____
 Date of next certification appt. _____

- Referred to Nutritionist for:
 Date Scheduled: _____

- Scheduled for Class:
 Date Scheduled: _____

- Parent agreed to the following PLAN:

Assessment Completed By: _____ Date: _____